

bital increases the intraperitoneal LD_{50} of tripeleminamine (Pyribenzamine), diphenhydramine (Benadryl), chlorpropenpyridamine (Chlortrimeton), and phenindamine (Thephorin) in mice. Sodium pentobarbital acts similarly for tripeleminamine and diphenhydramine in rats but not for chlorpropenpyridamine. In rats overdosed orally with tripeleminamine or diphenhydramine, the death rate is not significantly affected by sodium pentobarbital, although convulsions are aborted in part and survival time may be increased. It is suggested that the degradation products of the antihistamine, which are present in greater amounts after oral administration, may enhance the actions of sodium pentobarbital and contribute to the over-all toxicity. It is recommended that should the attempt be made in the clinic to antagonize antihistamine overdosage with a barbiturate, immediate treatment and removal of any unabsorbed material are prime requisites in addition to the usual supportive therapy." A. A.

TROELL, LARS: *Post-Operative Changes in Circulation and the Effects of Oxygen Therapy*. Acta Chir. Scandinav. 102: 203-214 (Oct. 31) 1951.

"A group of patients on the surgical service at Karolinska Sjukhuset has been studied with heart catheterization. An effort has been made to determine which changes take place immediately following surgery and whether it was possible to influence these changes therapeutically. . . . Twenty-three patients of operative risks I, II and III (Gordh (1949)) have been studied by heart catheterization before, during, and after operation in order to observe the effect of various anesthetics. . . . The average age of the patients classified as risk I was 39 years; risk II, 48; and risk III, 61. Of the 10 patients graded as risk I, 6

received spinal anesthesia; 3, narkotal-curare; and 1, ether. For those in risk II, narkotal-curare was given to 5 and spinal to 1. All patients in risk III were anesthetized with narkotal-curare. . . . It has been impossible to find any evidence that the post-operative course is influenced by the type of anesthetic." A. A.

THORPE, J. N.: *Procaine with Hyaluronidase as Local Anesthetic Linctet* 1: 210-211 (Jan. 27) 1951.

"For the reduction of Colles's fracture and similar injuries, the anesthetic which is probably most often employed is nitrous oxide. This, however, has several drawbacks. . . . Brachial-plexus block has been used for the reduction of Colles's fracture; but it is time-consuming, not without danger, and, in inexperienced hands at any rate, often fails. The anaesthetic of choice in the treatment of this condition appears to be local infiltration anaesthesia. . . . A modification of this technique has recently been tried at the Upton Hospital with promising results. Before injection the local anaesthetic agent (for Colles's fracture 20 ml. of 1% procaine) is mixed with 1000 'Benger units' of hyaluronidase ("Hyalase"), which promotes diffusion of injected substances. Two injections are made: the bulk of the solution is put directly into the fracture hematoma from the extensor aspect of the forearm, and 2-3 ml. is infiltrated around the ulnar styloid process. The anaesthetic solution diffuses rapidly all around the injured area and the fracture can be manipulated as soon as the needle is withdrawn. . . . To date, this technique has been used in 22 cases of Colles's fracture and 4 cases of Pott's fracture. . . . Though the series is very small, we have been struck by the rapidity with which analgesia is achieved and by the fact that it has always been complete." A. A.